Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

16650474

CLAIMS AS FIL				FILED - PART I (Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			10				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	385.00	OR	BASIC, FEE	770.00
TOTAL CHARGEABLE CLAIMS			19 minus 20=		•			X\$ 9=		OR	XS18=	
INDEPENDENT CLAIMS			/ minus 3 =		*			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM P							·	÷145=			+290=	
* If	the difference	in column 1 is	less than ze	ro, enter	"0" in c	column 2	L			OR	TOTAL	770
• • • • • • • • • • • • • • • • • • • •				MENDED - PART II				TOTAL		OR OR	OTHER SMALL	THAN
(Column 1)				(Colur		(Column 3)		SMALL E		UH I	JWALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT (CLAIM			+145=		OR	+290=	
TOTAL											TOTAL	
(Column 1) (Column 2) (Column 3)												-
		CLAIMS	1	HIGH		(00/0/////0/	_	····	ADDI-]		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=		OR	X86=	
I FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-145=		OR	+290=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3:												
		CLAIMS	T	HIGH		100.071110] _	 1	V D D I	I	<u> </u>	ADDI-
AMENDMENT C	•	REMAINING AFTER AMENDMENT		NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		æ	<u> </u>	XS 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
٩	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN.	T CLAIM		J ├				-	
								+145=		OR	+290=	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously Pa					er four	nd in the apr	propriate bo	x in cc	olumn 1.	